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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	<i>Title of Invention</i> Methods for Preventing or Treating Pathoangiogenic Conditions	 
	<i>Named Inventor(s)</i> Carl G. Hellerqvist	
	<i>Attorney Docket</i> 22100-0100 (46126-2526)	
	<i>Express Mail Label No.</i> EL561454091US	02-02-2001

U.S. Patent & TMOfc/TM Mail Rcpt Dt. #58

APPLICATION ELEMENTS		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
ACCOMPANYING APPLICATION PARTS		
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i>	7. <input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
2. <input checked="" type="checkbox"/> Applicant claims Small Entity status	a. <input checked="" type="checkbox"/> Computer Readable Copy	
3. <input checked="" type="checkbox"/> Specification, Claims, and Abstract Total Pages 39	b. <input checked="" type="checkbox"/> Paper Copy <i>(identical to computer copy)</i>	
4. <input checked="" type="checkbox"/> Drawings Total Sheets 2	c. <input checked="" type="checkbox"/> Statement verifying identity of above copies	
5. Oath or Declaration Total Pages 1	8. <input checked="" type="checkbox"/> Assignment:	
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	a. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i>	b. <input type="checkbox"/> Assignment is of record in parent application No. _____	
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney by assignee	
(i) <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
6. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i>	11. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO- 1449 <input type="checkbox"/> Copies of IDS Citations	
	12. <input type="checkbox"/> Preliminary Amendment	
	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
	14. <input type="checkbox"/> Certified Copy of Priority Document(s)	
	15. <input type="checkbox"/> Other: _____	
16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____		
Recite complete dependency back to first parent application: _____		
17. CORRESPONDENCE ADDRESS:		
Suzanne Seavello Shope KILPATRICK STOCKTON LLP 2400 Monarch Tower 3424 Peachtree Road, N.E. Atlanta, Georgia 30326		By: <u>Suzanne Seavello Shope</u> Reg. No. 37,933 Date: February 2, 2001 Telephone: 404-949-3999 Facsimile: 404-949-2499

FEE TRANSMITTAL

Attorney Docket No. 100-0100 (46126-252687)

This sheet accompanies a patent application transmittal for the following application:

Inventor(s): **Carl G. Hellerqvist**Filing Date: **February 2, 2001**Title: **Methods for Preventing or Attenuating Pathoangiogenic Conditions**

The filing fee is calculated as shown below:

1. FILING FEE:

FOR:	SMALL ENTITY		LARGE ENTITY	
	FEE	FEE PAID	FEE	FEE PAID
<input checked="" type="checkbox"/> UTILITY FILING FEE	\$355	355	\$710	
<input type="checkbox"/> DESIGN FILING FEE	\$160		\$320	
<input type="checkbox"/> PLANT FILING FEE	\$245		\$490	
<input type="checkbox"/> REISSUE FILING FEE	\$355		\$710	
<input type="checkbox"/> PROVISIONAL FILING FEE	\$75		\$150	
	SUBTOTAL (1)	\$355		\$xxx

2. CLAIMS:

FOR:	SMALL ENTITY		LARGE ENTITY	
	RATE	FEE	RATE	FEE
TOTAL CLAIMS	71 - 20 =	51	x 9 =	459
INDEP. CLAIMS	7 - 3 =	4	x 40 =	160
<input checked="" type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED	+135 =	135	+270 =	
	SUBTOTAL (2)	\$754		\$xxx

3. ADDITIONAL FEES:

FOR:	SMALL ENTITY		LARGE ENTITY	
	FEE	FEE PAID	FEE	FEE PAID
<input type="checkbox"/> LATE FILING, FEE OR OATH	\$65		\$130	
<input type="checkbox"/> NON-ENGLISH SPECIFICATION	\$130		\$130	
<input type="checkbox"/> OTHER				
	SUBTOTAL (3)	\$xxx		\$xxx

TOTAL FILING FEES: \$1109.00A check is enclosed for the total amount: **\$1109.00** Charge any additional fees required under 37 C.F.R. 1.16 or 1.17 to Deposit Account 11-0855.

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Date: 2/2/01